

| POSITION                 | INITIALS  | ID NO. | DATE    |
|--------------------------|-----------|--------|---------|
| FEE DETERMINATION        |           |        |         |
| O.I.P.E. CLASSIFIER      |           |        |         |
| FORMALTY REVIEW          |           |        |         |
| RESPONSE FORMALTY REVIEW | <i>LD</i> |        | 6-14-00 |

**INDEX OF CLAIMS**

✓ ..... Rejected                      N ..... Non-elected  
 u ..... Allowed                        I ..... Interference  
 - (Through numeral)... Canceled        A ..... Appeal  
 - ..... Restricted                      O ..... Objected

| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here **BEST AVAILABLE COPY**

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